

**United States District Court
District of Massachusetts**

Re: Civil Action No. 4:04-cv-40221-FDS

**Ameriprise Financial Services, Inc., f/k/a American Express Financial Advisors,
Inc., (Plaintiff) v. Neil H. Gendreau (Defendant)**

Defendant's Response to Summons for Supplementary Process

The defendant has prepared this response to assist the parties with the determination of an appropriate garnishment via supplementary process based on applicable statutes.

Garnishments procured for the settlement of civil lawsuits are subject to laws in the state of jurisdiction with specific limits placed by U.S. Code Title 15, Chapter 41, Subchapter II, Section 1673, (a), "...the maximum part of the aggregate disposable earnings of an individual for any workweek which is subjected to garnishment may not exceed

- (1) 25 per centum of his disposable earnings for that week
- (2) the amount by which his disposable earnings for that week exceed thirty times the Federal minimum hourly wage prescribed by Section 206 (a)(1) of Title 29 in effect at the time the earnings are payable,

whichever is less." Furthermore (c), "No court of the United States or any State, and no State (or officer or agency thereof), may make execute, or enforce any order or process in violation of this section." Otherwise, Section 1675 defers exemption to state regulated garnishments, "The Secretary of Labor may by regulation exempt from the provisions of Section 1673(a)...of this title garnishments issued under the laws of any State if he determines that the laws of that State are substantially similar to those provided in

Section 1673(a)...of this title.”, and Section 1677 follows, “This subchapter does not annul, alter, or affect, or exempt any person from complying with the laws of any State (1) ...**providing for more limited garnishment than (is) allowed under this subchapter.**”

Having defined the applicable Federal benchmarks for wage garnishments, Massachusetts General Law Chapter 235, Section 34 defines further exemptions including (5) “Tools, implements, and fixtures necessary for carrying on his trade or business...” and (6) “Materials and stock designed and procured by him and necessary for carrying on his trade or business, and intended to be used or wrought therein...”, yet neither element to exceed \$500 in value, with no time frame defined for the recurrence of such expenses. In recognition the defendant does not employ cows, sheep, swine, or four tons of hay to raise a farm, and given the dated nature of this statute, a reasonable person may only interpret one intent of these provisions to protect individual business concerns and the ongoing generation of personal income. Therefore, let it be recognized that ordinary business expenses as defined by those deductions which have been historically reported on the defendant’s income tax returns, and commonly expected to occur with ongoing business activity, to remain exempted property.

Section 34 defines three additionally applicable exemptions (14) “...the amount of money each rental period, not exceeding two hundred dollars per month, necessary to pay the rent for the dwelling unit occupied by him and his family.”, (1) “...and the amount each month, not exceeding seventy five dollars, reasonably necessary to pay for fuel, heat,

water, hot water, and light for himself and his family.”, also (15), as indicated by the plaintiff’s Application for Supplementary Process, “money owed to him each pay period as wages for personal labor or services...not exceeding one hundred twenty five dollars...” Once again, in recognition of its dated nature, to the extent that Section 34 has failed to factor cost of living adjustments reasonably, the defendant’s monthly rent at 139 Rocky Pond Rd., Boylston, MA, is \$725, including heat and hot water. Meanwhile, the defendant is paid on a semi-monthly basis. Therefore, such periodic exclusion as defined by (15) should be calculated accordingly.

Lastly, U.S. Code Title 15, Chapter 41, Subchapter II, Section 1672 (b) restricts “disposable earnings” further by “that part of the earnings of any individual remaining after the deduction from those earnings any amounts required by law to be withheld.” Amounts by law required to be withheld would include Federal and State Income Taxes, also Federal self-employment taxes as part of the Federal Tax Liability.

Please find attached the calculation of “disposable earnings” as outlined by these stipulations, along with the defendant’s 2005 Federal Income Tax Return, including Schedule C depicting the calculation of last year’s net income after business expenses, also a commission statement from NFP Securities revealing year to date commissions momentarily behind last year’s pace.

Based on 2005 earnings, and in recognition of those statutes which define “disposable earnings”, the attached calculations would suggest a semi-monthly garnishment of \$263, which appears judicious to the plaintiff with respect to year to date performance for 2006,

yet less consequential with increases in revenue that are more likely to be realized as the judgment is progressively paid. Therefore, the defendant suggests for this court to set the garnishment at 5% the "balance due to representative" each pay period, significantly less than the 25% requested by the plaintiff, yet consistent with Federal and State exemptions for the level of business activity generated during 2005, while permitting the plaintiff to collect larger amounts as defined by the former percentage with corresponding increases to income, and less paid by the defendant when available commissions are more modest. Meanwhile, the defendant acknowledges any remaining balance will continue to accrue interest at a rate of 4.19%, as defined and executed by written judgment of this Federal District Court on January 17th, 2006.

Respectfully submitted,



Neil H. Gendreau,
Defendant

Dated: 5/12/2006

Certificate of Service

I hereby certify that a true copy of the above document was served upon the plaintiff's counsel at the address listed below by overnight mail on 05/12/2006:

The Hahn Law Group
Attn: C. Alex Hahn
46 Lewis St., Suite 6
Boston, MA 02113

Neil H. Gendreau, Defendant

Civil Action No. 4:04-cv-40221-FDS, Defendant's "Disposable Earnings"
as Defined by applicable USC & MGL

YTD 2006	Annualized
5/15/2006	2006
\$25,095	\$66,920

	2005
2005 1099 Miscellaneous Income	\$128,794
2005 Schedule C Business Expenses	(\$76,348)
2005 Schedule C Net Income	\$52,446
2005 Federal Tax Liability	(\$13,195)
2005 State Tax Liability	(\$2,325)
Net Wages	\$36,926
Monthly Rent (Includes Heat)	(\$8,700)
Minimum MGL Allowance (\$125 semi-monthly)	(\$3,000)
Annual Disposable Earnings	\$25,226
Semi-Monthly Disposable Earnings	\$1,051

Maximum Allowable Garnishment, the Lesser of:

25% Semi-Monthly Disposable Earnings	\$263
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Semi-Monthly Disposable Earnings in Excess of 30 x Federal Minimum Wages	\$605
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Maximum Allowable Garnishment expressed as a percentage of 2005 Gross Income (1099 Misc Inc)	4.90%
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NFP SECURITIES, INC.
Commission Summary
Period Ending: 05/10/06

NEIL GENDREAU
415 BOSTON TURNPIKE RD STE 2B
SHREWBURY, MA 01545

Office/Rep#: 870/U61
Branch Name: FUSION FINANCIAL GROU
Last Paid : 04/28/2006

Commissions:	Transaction Amount	GDC	Clearing	Net Comm	YTD GDC	YTD NET COMM
VARIABLE ANNUITIES	.00	.00	.00	.00	7,000.00	6,125.00
VARIABLE LIFE	1,537.50	56.25	.00	49.21	404.31	353.67
PUBLIC PARTNERSHIP	.00	.00	.00	.00	5,550.90	4,857.03
3RD PARTY MGN ACCTS	.00	803.39	.00	702.96	1,247.57	1,091.61
VA TRAIL	.00	.00	.00	.00	184.12	161.10
PSH OTC EQUITIES	35,201.68	25.00	85.00	-63.13	600.00	-274.13
PSH LISTED EQUITIES	80,776.20	25.00	153.00	-131.13	250.00	-546.31
PSH OPTIONS	.00	.00	.00	.00	150.00	-180.78
PSH M/F CLRG BKR	41,924.52	.00	45.00	-45.00	1,751.00	-87.89
PSH TRAILS	.00	1,598.72	.00	1,398.86	6,819.47	5,966.86
PSH MGT ACCT FEE	.00	298.36	.00	261.06	16,004.84	14,004.05
PSH OTC PRINCIPAL	.00	.00	.00	.00	152.00	-101.03
PSH OPTION/EXERCISE	7,500.00	.00	25.00	-25.00	200.00	-275.04
HEDGE FUNDS	.00	.00	.00	.00	137.66	120.44
Total Commissions		2,806.72		2,147.83	40,451.87	31,214.58
Current Payments/Deductions:						
HOME OFFICE OSJ FEE				-100.00		
NXP ONLINE ACCESS				-155.00		
PRSHG ON-LINE PLATFORM FEE				-185.00		
NASD 2006 ANNUAL ASSESSMENT FEE				-85.00		
MYRESOURCEVIEW ENHANCED VALUE				-180.00		
Total:				-705.00		
Balance due to/from Representative				1,442.83		
Total YTD 1099:				25,094.58		
Total Paid YTD:				25,094.58		

Any outstanding balances must be paid within 30 days. Please make your check payable to NFPPI and mail to the home office. Any balance not paid within 45 days will be assessed a \$50 late fee.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. NFP SECURITIES, INC. 1250 CAPITAL OF TEXAS HIGHWAY BLDG 2, SUITE 600 AUSTIN, TX 78746-0000		1 Rents \$	OMB No. 1545-0115 2005 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$	3 Other income \$	
PAYER'S Federal identification number 74-2794194	RECIPIENT'S identification number 020601225	4 Federal income tax withheld \$ 0.00	Copy B For Recipient	
RECIPIENT'S name, address, and ZIP code NEIL GENDREAU 139 ROCKY POND RD #3 BOYLSTON, MA 01505		5 Fishing boat proceeds \$	6 Medical and health care payments \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		7 Nonemployee compensation \$ 127,747.10	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	
		11	12	
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

Form 1099-MISC



Printed on Recycled Paper

(keep for your records)

Department of the Treasury - Internal Revenue Service

00055844L

00055844L

JEFFERSON-PILOT LIFE INSUR CO
P. O. BOX 21008
GREENSBORO, NC 27420

E.I.N. 56-0359860

COMPENSATION DEPT

IF QUESTIONS CALL 336-691-3141

This Statement is Issued in Lieu of a 1099 US Information Return
or 1098 Mortgage Interest Statement

NEIL H GENDREAU 4930
415 BOSTON TURNPIKE RD
STE 213
SHREWSBURY MA 01545

For Calendar Year

2005

Taxpayer ID Number

020-60-1225

2005 - 1099-MISC, MISCELLANEOUS INCOME

	ACCOUNT NUMBER	
MISC	4930 JPAM 2103740	
BOX 7	NON-EMPLOYEE COMPENSATION	1,047.37
TOTAL NON-EMPLOYEE COMPENSATION		1,047.37

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported and/or if the IRS determines that an underpayment of tax results because you overstated a deduction for the mortgage interest on your return. 1099-INT(OMB No.1545-0112), 1099-MISC(OMB No.1545-0115), 1098(OMB No.1545-0901).

Form 1040		Department of the Treasury—Internal Revenue Service		2005		(99) IRS Use Only—Do not write or staple in this space.																																																																
For the year Jan. 1–Dec. 31, 2005, or other tax year beginning , 2005, ending , 20		OMB No. 1545-0074																																																																				
Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. L A B E L H E R E	Your first name and initial <i>Neil H.</i>		Last name <i>Gendreau</i>		Your social security number <i>020 66 1025</i>																																																																	
	If a joint return, spouse's first name and initial		Last name		Spouse's social security number																																																																	
	Home address (number and street). If you have a P.O. box, see page 16. <i>139 Rocky Road Rd</i>				Apt. no. <i>3</i>																																																																	
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. <i>Box 1501, MA 01505</i>				Checking a box below will not change your tax or refund. You must enter your SSN(s) above.																																																																	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) <input type="checkbox"/> You <input type="checkbox"/> Spouse																																																																						
Filing Status Check only one box. 1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)																																																																						
Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse c Dependents: <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 19)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> d Total number of exemptions claimed <i>1</i>								(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 19)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>																																						
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Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see page 22. Enclose, but do not attach, any payment. Also, please use Form 1040-V.																																																																						
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Form 1040 (2005)

Page 2

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.

• All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	44672
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5000
41	Subtract line 40 from line 38	41	
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	3200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	36472
44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	5784
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	5784
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 41). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	5784

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	7411
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	13195

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2005 estimated tax payments and amount applied from 2004 return	65	4,500
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	4,500

Refund

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you	73a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
74	Amount of line 72 you want applied to your 2006 estimated tax	74	

Amount You Owe

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	8,695
76	Estimated tax penalty (see page 60)	76	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ Yes. Complete the following. ☐ No

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Your signature	Date
Spouse's signature. If a joint return, both must sign.	Date
Your occupation	Daytime phone number
Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

Form 1040 (2005)

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

▶ Attach to Form 1040 or 1041. ▶ See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2005Attachment
Sequence No. **09**

Name of proprietor

Neil H. Gaudreau

Social security number (SSN)

090-60-1225

A Principal business or profession, including product or service (see page C-2 of the instructions)

Financial Planning

B Enter code from pages C-8, 9, & 10

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

*415 Oak Temple Rd. Suite 213
Shrewsbury, MA 01545*F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶G Did you "materially participate" in the operation of this business during 2005? If "No," see page C-3 for limit on losses ☒ Yes ☐ NoH If you started or acquired this business during 2005, check here ☐**Part I Income**

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here <input type="checkbox"/>	1	<i>128,794</i>
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	<i>128,794</i>
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3.	5	<i>128,794</i>
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	6	
7	Gross income. Add lines 5 and 6	7	<i>128,794</i>

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	<i>427</i>	18	Office expense	18	<i>1,896</i>
9	Car and truck expenses (see page C-3)	9	<i>4,258</i>	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see page C-5):	20a	
11	Contract labor (see page C-4)	11		a	Vehicles, machinery, and equipment	20b	<i>18,108</i>
12	Depletion	12		b	Other business property	21	<i>575</i>
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13	<i>1,357</i>	22	Repairs and maintenance	22	<i>1,742</i>
14	Employee benefit programs (other than on line 19)	14		23	Supplies (not included in Part III)	23	<i>852</i>
15	Insurance (other than health)	15	<i>350</i>	24	Taxes and licenses	24a	
16	Interest:	16a		a	Travel, meals, and entertainment:	24b	<i>486</i>
a	Mortgage (paid to banks, etc.)	16b		b	Deductible meals and entertainment (see page C-5)	25	<i>3,785</i>
b	Other	17	<i>500</i>	26	Utilities	26	<i>12,094</i>
17	Legal and professional services	17		27	Wages (less employment credits)	27	<i>29,926</i>
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	<i>76,348</i>	27	Other expenses (from line 48 on page 2)	27	
29	Tentative profit (loss). Subtract line 28 from line 7	29	<i>50,446</i>	28		28	
30	Expenses for business use of your home. Attach Form 8829	30		29		29	
31	Net profit or (loss). Subtract line 30 from line 29.	31	<i>50,446</i>	30		30	
	• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.			31		31	
	• If a loss, you must go to line 32.						
32	If you have a loss, check the box that describes your investment in this activity (see page C-6).						
	• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.						
	• If you checked 32b, you must attach Form 6198. Your loss may be limited.						

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

Schedule C (Form 1040) 2005

Page **2****Part III Cost of Goods Sold** (see page C-6)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 1.15.2004

44 Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:

a Business 9865 b Commuting (see instructions) 3380 c Other 11302

45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

46 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Software (Munningstar & E Money Advisor)	4286
NASD Arbitration	1975
Linkup - Data (Leads)	595
Errors & Omissions Insurance	2735
Consulting Fees (1099) - Janet Hobson	11475
Consulting Fees (1099) - SLZ Consulting	8400
Continuing Education, American College (CHFC)	460
48 Total other expenses. Enter here and on page 1, line 27	24926